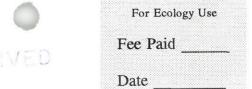


APPLICATION #2

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.



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cubic feet curpose(s) of	t per second fmunic: ION OF TI) from a \square	surface wat	ter source or	ground water so	ource (check A	only on	e) for the H A "LEGAL"
		nual quantit	y to be used	d in acre-feet	per year: 3200 a	cre - fe	et	
Chec	ed:	ter use is pr			project. Indicate the	period of t	ime that	the water will b
Section 4			RCE		-			
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APPLICATION

ECY 040-1-14 Rev. 9/95 F

Appl. No.: 62-29815

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION
Α.	Name of system, if named:City of Kelso
В.	Briefly describe your proposed water system. (See instructions.) The existing water treatment system includes a 3.6 mgd facility, consisting of a Ranney Well Collector, coagulation, pressure filtration, iron removal, chlorination and fluoridation. In order to meet future demand, the City of Kelso is proposing texpand the current system by adding new groundwater wells. Depending on results of water quality analyses, treatment will be designed to remove iron, maganese, syntheorganic compounds, metals, or petroleum products if needed.
C.	Do you already have any water rights or claims associated with this property or system? **XX YES \(\sqrt{PROVIDE DOCUMENTATION}.\) (Copy of "WRATS" printout attached) S2 - *01536 CWRIS . 10428 . , S2-01119CWRIS, G2-24762 CWRIS
Sec	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Co	ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Approx. Type of connection See additional notes on last page of application form. (Homes, Apartment, Recreational, etc.
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. The City of Kelso is the approved water system.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? 1989 Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan
	A conservation plan for the system is proposed. See Chapter 4, 1998 PDM. ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION complete for all irrigation and agriculture uses.
(C	omplete for all irrigation and agriculture uses.) Section 7 is not applicable to this application
A.	Section 7 is not applicable to this application. Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use Acres Use Acres
	UseAcres UseAcres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES ₹ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Normal municipal storage tanks only.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From I-5 exit to "Old Pacific Highway" on the east side of I-5. Proceed south approximately 0.7 mile. A dirt road crosses beneath I-5 and the railroad tracks. This provides access to the general drilling area. A specific site has not, as yet, been identified for test and production drilling.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Map and copy of aerial photo is attached.

Landowner for place of use (if same as applicant, write "same")

Sec	ction 11. PROPERTY OWNERSHIP	
Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide owner(s):	□ YES ₹ NO e the name(s) and address(es) of the
	Service area of municipal system.	
	·	
В.	Does the applicant own the land on which the water source is locate If no, submit a copy of agreement:	ed? □ YES ★ NO
ordei and i	tify that the information above is true and accurate to the best of nor to process my application, I grant staff from the Department of Emonitoring purposes. Even though I may have been assisted in the employees of the Department of Ecology, all responsibility for the accuracy.	Ecology access to the site for inspection e preparation of the above application by
Appl	icant (or authorized representative) Date	11/17/98
. 1	SAME - The same of	

Date

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Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 6A The requested water rights are based on the projected 2020 water demand for the Kelso Service area. The methodology of the water demand projections is documented in Chapter 2 of the 1998 PDM. Future water demands are based on existing per capita consumption, projected future population, a percentage of unaccounted for water and planned major industrial facilities. Requested additional connections are listed in Section 6A, was approximated based on the number of existing connections, existing demand, and future demand (from Tables 2-11, 2-10, and 2-16, respectively of the 1998 PDM). Future connection types include single family, multi-family, commercial, industrial, church, hotel, and school.

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		ž.
Explanation: Please provide the additional information	requested above and return your (date).	application by

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

